



**Convention on the
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COMMITTEE ON THE RIGHTS OF THE CHILD

Eleventh session

SUMMARY RECORD OF THE SECOND PART (PUBLIC) *
OF THE 284th MEETING

Held at the Palais des Nations, Geneva,
on Wednesday, 24 January 1996, at 3 p.m.

Chairperson: Mr. HAMMARBERG

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* No summary record was prepared for the first part (closed) of the meeting.

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The meeting was called to order at 4.05 p.m.

CONSIDERATION OF REPORTS OF STATES PARTIES (agenda item 4) (continued)

Finland (continued) (CRC/C/8/Add.22; CRC/C.11/WP.6)

1. The CHAIRPERSON invited the delegation of Finland to reply to the questions asked at the preceding meeting by the members of the Committee.
2. Mrs. HANSSON (Finland) said that, in a case which had recently been brought before the European Court of Human Rights, the Court had felt that the competent authorities had not made the necessary efforts to ensure the enforcement of court decisions on the right of access. In that connection, the Government had prepared a bill on the procedure for the enforcement of decisions on custody and the right of access. According to that bill, the police courts should henceforth be responsible for the implementation of decisions in that regard. The enforcement procedure should not be ordered when it was contrary to the best interests of the child or when a child 12 years or older was opposed to the procedure. In emergency cases and in order to prevent the child from being taken abroad illegally, the police courts could order the placement of the child. The bill also provided for conciliation measures. However, problems relating to the enforcement of such decisions were not very common in Finland. Indeed, only 196 such cases had been recorded in 1994.
3. Mr. LITTUNEN (Finland) said that any person found guilty of domestic violence could be removed from his or her home only if he or she was placed in pre-trial detention or sentenced to imprisonment. After serving his or her sentence, that person was completely free to return to his or her legal home. While there was no legal means of preventing a man or woman from approaching his or her former spouse, entering someone else's home without authorization was prohibited. Moreover, doctors were not under an obligation to inform the authorities when they realized that an adult had been ill-treated by his or her spouse. The only exception to that rule concerned cases where conjugal violence was liable severely to affect children. The police were now very much aware of the problem of domestic violence. Moreover, cases of domestic violence could be referred to the courts even if the victim refused to file charges. It must be acknowledged, however, that there was room for improvement in cooperation between the criminal system and the social welfare services. Experimental projects were currently being implemented. Under one such project, group therapy was provided for violent husbands.
4. Mrs. HEILIO (Finland) said that all Government offices were required by law to notify the social welfare services of any cases of violence against children. When the social welfare services were notified of a suspicious case, they initially offered the child and family concerned family advisory services in order to determine the exact nature of the problem. If it turned out that violence had actually been committed, the social welfare services must then decide whether it would be better to offer social assistance or to notify the police. Any police investigation decided on had to be conducted by specially trained officers. According to a proposed amendment to the regulations applicable to those types of problems, the particulars of any investigation would henceforth be confidential. When the case came to trial,

the child did not usually give evidence unless he specifically requested to do so. In the most serious cases, the court could order the placement of the child in foster care.

5. Mrs. HANSSON (Finland) said that, according to the information available to her delegation, cases of sexual abuse against children were not very common in Finland. When such cases occurred, the Government offices concerned promptly found out about them because of the widespread network of day-care centres and health-care services for children.

6. With regard to asylum-seekers and refugees, the social welfare services were very concerned about ensuring that refugees and asylum-seekers were received in a manner which was in conformity with the Convention. However, it must be acknowledged that there were sometimes differences in interpretation between the social welfare services and the departments of the Ministry of the Interior which issued residence permits and ordered expulsions.

7. Mrs. HEILIÖ (Finland) admitted that the rate of suicides in Finland, especially among young men, was higher on average than that in neighbouring countries. In that regard, a project had been implemented in 1993 and 1994 in the schools, army, churches and social welfare services in order to raise the awareness of the personnel concerned and to permit early detection of mental problems that might lead to suicide.

8. The CHAIRPERSON invited the delegation of Finland and the members of the Committee to consider the sections of the list of issues (CRC/C.11/WP.6) dealing with basic health and welfare, and education, leisure and cultural activities.

9. Mrs. KARP said that Finland had every reason to be proud of its system of health care for children, although there were some aspects that still gave grounds for concern. Noting that major changes had affected school health-care services, she wondered whether such changes might not result in a decrease in medical examinations and thus prevent the early detection of health problems among children. Moreover, the number of psychologists and psychosocial personnel had apparently been reduced recently. She wished to know what the impact of such staff reductions would be. While all children seemed to have equal access to basic services, there seemed to be some disparities with regard to specialist services. The report showed, for instance, that there were disparities in the area of dental care. She also wished to know whether research had been conducted on the causes of suicide among young people and, if so, what the results of such research were and whether they were taken into account in preparing measures in that area.

10. Referring to paragraphs 386 and 387 of the initial report, she noted that much still remained to be done in Finland in order to improve mental health services for children and asked whether the Finnish authorities had already taken steps to remedy the shortcomings mentioned. She also wished to know whether a child could be placed in a psychiatric establishment against his will or whether, on the contrary, the child's wishes were taken into account and whether there was a system of treatment other than in hospitals in order to avoid a situation where the child was branded in future as mentally disturbed. She wondered whether there were drug-addiction control programmes

that were independent of the mental health programmes and whether there was a body that dealt with the drug problem, which was apparently affecting a growing number of children in Finland.

11. Mrs. HANSSON (Finland) said that the number of health check-ups conducted in educational establishments had declined recently and, in a report to Parliament, the Government had expressed its concern about that matter. While the conclusions of that report would be sent to the health-care services of all municipalities to ensure that the situation would improve, it was worth recalling that municipalities had considerable autonomy in that area. The staff of psychosocial services had been reduced and the Government was just as concerned about that matter as it was about the decline in health check-ups. On the other hand, the dental hygiene and dental care system continued to function in a satisfactory manner.

12. Mrs. SARDENBERG, referring to the question of suicide among children, noted that, according to statistics, the number of suicides increased as children grew older. She wondered whether the Finnish authorities had conducted research on the underlying causes of that problem and what society's attitude was to the problem. She also wished to know what progress had been made on the establishment of the post of a national ombudsman for children.

13. Mrs. HEILIÖ (Finland) said that statistics were available on the number of deaths from suicide and that they would be made available to the Committee.

14. Concerning the national ombudsman for children, she noted that in-depth discussions were still ongoing in Parliament and the Ministries in order to develop a mechanism to ensure that responsibilities in that regard would be shared by all and not entrusted to only one person or a few people. The aim was to establish coordination between the various provincial and central authorities. However, no final decision had yet been taken on that issue.

15. As to mental health services, she said that a study conducted recently on children placed in psychiatric institutions had shown that the situation had improved considerably between 1991 and 1993, although the number of children hospitalized without their consent had increased. On the other hand, children received more care targeted exclusively to children in children's wards.

16. Mrs. HANSSON (Finland) said that the National Research and Development Centre for Welfare and Health had undertaken a study on the situation of adults and children in psychiatric institutions. The results of that study were expected to be published in late February 1996 and would be communicated to the Committee. It already appeared, however, that the number of patients mistakenly placed in psychiatric institutions had declined over the previous five or six years and that open care services were increasingly frequent.

17. Mrs. KARP asked why the number of children placed in psychiatric institutions had increased in recent years while the Government of Finland's policy apparently tried to encourage open care treatment.

18. Mrs. HEILIÖ (Finland) said that, as part of the study she had referred to, children undergoing psychiatric treatment had been interviewed and had acknowledged themselves that their placement had been beneficial. Since

children's and young people's wards had now been expanded, there were much greater opportunities for treatment. In addition, according to the new legislation, a child could be automatically hospitalized except in the case of mental illness or mental disturbances.

19. Mrs. BADRAN asked whether there were prevention and education programmes in the area of mental health, specifically, whether the families concerned were contacted early enough to prevent rather than cure the onslaught of mental illness.

20. Mrs. HEILIÖ (Finland) said that it was planned to provide special training to the staff of child health-care centres to enable them to detect potential mental disturbances among children early enough for the families concerned to be contacted.

21. On drug addiction, she acknowledged that the phenomenon was gaining ground and affecting increasingly younger children. The authorities were trying to ensure that it did not get worse and were taking all the prevention and treatment measures possible while respecting the rights of children. In addition, a special ward had been established for child drug addicts who were also delinquents.

22. Mrs. HANSSON (Finland) said that the Ministry of Social Affairs and Health had recently begun to gather data on all the local and regional projects for combating the three often associated problems of drug addiction, alcoholism and mental disturbances, as well as on protective measures taken at all levels.

23. Mrs. KARP asked whether psychiatric treatment could be provided in environments other than hospitals in view of the impact that hospitalization might have on the child even when he was cured. Moreover, if hospitalization was not automatic, but was decided on by the parents, she wondered whether the child could express his view on the matter and his preference for alternative treatment.

24. Mrs. HEILIÖ (Finland) said that the Finnish mental health-care system always gave preference to outpatient treatment; hospitalization was reserved for very serious mental disturbances. Prior to any decision to hospitalize a child, the child was consulted unless he was too young and the situation was always discussed with the child's parents. A child aged 12 or over could appeal such a decision before the Provincial Court. Moreover, any case of involuntary hospitalization, even when uncontested, must be examined by the Provincial Court.

25. Mrs. KARP, referring to paragraph 391 of the initial report, asked whether a woman under the age of 17 could have an abortion for medical reasons and, in that case, whether her parents would be informed. She also asked why there was so little support in Finnish society for the integration of disabled children into ordinary educational institutions.

26. Mrs. HEILIÖ (Finland) said that women under the age of 18, not 17, as stated in the report, who wanted an abortion did not need their parents'

authorization. A request must be made of the authorities, who would automatically give permission. The parents were not informed of the abortion if the woman did not want them to be.

27. Mrs. KAIVOSOJA (Finland) said that, in Finland, disabled children could be educated either in ordinary schools or in special classrooms or public schools for children who were blind, deaf or had serious motor disabilities. The choice of school was made by the children themselves and the municipal authorities. It was very difficult to say which solution was best for the child. Many of the organizations for disabled children insisted that all such children should be educated in ordinary classrooms. In some cases, however, it was better for disabled children to be enrolled in special schools which had more staff and the necessary equipment.

28. Mrs. BADRAN, referring to education, asked what was being done to solve the problem of the increase in the school drop-out rate. She wondered whether there were opportunities and procedures for interaction between parents, school authorities and the students themselves, particularly in dealing with problems such as alcoholism or bullying; whether religious education, rather than focusing on any one religion, could not present the values common to all religions, thereby encouraging the social integration of all believers; whether human rights education was part of the curricula of universities and all vocational training schools; if the student fees imposed as a result of the recession were not particularly hard on the poorest sectors of the population; and whether study guidance counselling (para. 451 of the report) was provided by social workers, psychologists or other specialists. In view of the increase in mental disturbances, she strongly recommended that some social workers should receive psychiatric training.

29. Mrs. KAIVOSOJA (Finland) said that the Finnish authorities were very concerned about the increase in the school drop-out rate and that the schools had student welfare teams responsible for helping students with problems which might lead to their leaving school without finishing (para. 454 of the report). However, in that area, as in many others, the recession had led to funding cuts. The solution to the problem of drop-outs required the cooperation of parents, teachers and students themselves. Many schools had procedures for such cooperation, although such procedures varied from school to school.

30. Mrs. Badran's suggestion on religious education was a very good one; the officials of the State church were currently giving serious consideration to the question of religious education, which could indeed be provided in many other ways than it was at present.

31. The CHAIRPERSON stressed that children from other cultures would thus run less of a risk of having openly to take a position on the extremely sensitive issue of religious instruction.

32. Mrs. KAIVOSOJA (Finland) said that public education was provided without cost at all levels. Students were not charged any tuition fees, but they might be responsible for incidental expenses, usually at very low cost. Only private schools charged tuition and they were generally expensive. The National Board of Education had carried out a study of special education that

would also make it possible to gather information on study guidance counselling and assistance provided to students. Some municipalities had great difficulty in recruiting staff to work with students in those areas.

33. Mrs. HANSSON (Finland) said that the idea of giving social workers training in psychiatry seemed a very good one, since it was known that many adolescents were not happy to be in school.

34. Mrs. KAIVOSOJA (Finland) said that instruction on human rights and the rights of the child was part of the curriculum in comprehensive schools and in all secondary schools. At the university level, subjects such as Finnish society, international relations, etc., would normally include instruction on human rights and the rights of the child.

35. Mrs. KARP requested more information on the elimination of minimum health coverage for children over the age of 16, a policy which might effect students in secondary and higher education.

36. Mr. LAHTENINEN (Finland) confirmed that minimum health coverage had been eliminated. Because that measure had been in force only since the beginning of the year, he had little information on it. In any case, where there was a documented need, other safety nets were available.

37. The CHAIRPERSON asked the members of the Committee to present their questions and recommendations on special protection measures for children (questions 33 to 44 in the list of issues).

38. With regard to refugee children and children seeking asylum, he noted that, according to recent surveys, negative attitudes towards, and feelings about, foreigners were becoming increasingly frequent in Finland, even though the country had few refugees. The Office of the United Nations High Commissioner for Refugees (UNHCR) had recommended that Governments should provide asylum-seekers with information, in their own languages, on their rights and the procedures to be followed. The Committee supported that recommendation.

39. Mrs. HANSSON (Finland) said that the Finnish Government was well aware of the problem of the spread of negative attitudes towards foreigners. The Committee's recommendation would be communicated to the Government.

40. Mrs. KARP requested more information on the protection of those whose work required them to testify about the sexual abuse of children. The Committee had been informed that such persons risked losing their jobs if their testimony was called into question. She asked whether it was possible openly to discuss the question of child abuse.

41. Mrs. HEILLIÖ (Finland) explained that, since it was difficult, without witnesses, to prove that a child had been a victim of sexual abuse in the family environment, consideration was being given to the possibility of systematically requiring a child psychiatrist to give an opinion in such cases. In any event, she felt that it was essential for the public to become more aware of the important role of child psychiatrists and social workers in the protection of children.

42. The CHAIRPERSON said that he had been informed by a non-governmental source that social workers worked under the supervision of agencies made up of laymen who tended to hamper them in their work.

43. Mrs. HEILIO (Finland) said that, as of next year, the Provincial Courts would rule on matters related to the protection of children and that the problem should then be solved.

44. The CHAIRPERSON invited the members of the Committee to share their concluding remarks with the Finnish delegation.

45. Mr. KOLOSOV said that he welcomed the delegation's open mindedness and professionalism. He felt that the Government was on the right track and emphasized that his concerns were shared by the Committee. He was pleased that, despite the recession, the increase in the unemployment rate and budgetary restrictions, the Government was doing its best to ensure respect for the rights of the child. The free compulsory health care and educational systems were satisfactory. Environmental protection programmes had also been established and Finland had been generous with its international assistance. It was also commendable that the report had been prepared with the active participation of civil society.

46. However, he was concerned by the fact that article 12 of the Convention had not been fully implemented. During the current period of economic recession and unemployment, it was particularly important to ensure that the rights of the child were respected and all municipalities, whatever their size, should have the necessary resources to do so. There was a need for more effective legal measures against child pornography and for the improved protection of children from the sexual abuse which they sometimes suffered in their own families. There was also a need for increased assistance to single-parent families and greater respect for the rights of minorities, particularly with regard to their languages.

47. He encouraged the Government to do everything possible to improve the dissemination and implementation of the Convention. For example, greater efforts were needed in the case of small municipalities, whose needs had not been sufficiently considered in the decentralization process, and it was important that children should not suffer from the budgetary restrictions, particularly those affecting the social services. He thought that the Convention should be translated into the Saami language. In the spirit of article 30 of the Convention, there should be more teachers for minorities. With regard to the working hours of minors, the labour law should be brought into line with international standards. The training of social workers should be improved. Greater attention should be given to the civil rights of all children and there should be criminal penalties for the possession of pornographic material involving children.

48. Mrs. SARDENBERG said that she welcomed the Finnish Government's open-mindedness and commitment to children but urged it to improve its coordination of activities on their behalf.

49. Mrs. KARP commended the delegation on its professionalism and said she hoped that Finland's report and the Committee's discussion and conclusions would be widely publicized in that country.

50. The CHAIRPERSON expressed the hope that Parliament would appoint an ombudsman responsible for protecting the rights of children and that the Government would make the rights of children a priority during the current difficult economic situation. Referring to article 4 of the Convention, he said that States parties were committed to taking measures to implement children's economic, social and cultural rights to the maximum extent of their available resources. That article was of great importance.

51. Mrs. HANSSON (Finland) said that the in-depth consideration of the report of the Government of Finland was timely, since Parliament was about to take basic measures for the protection of children. She thanked the Committee for its advice to her delegation and welcomed the open, fruitful and constructive discussion which had just taken place.

The meeting rose at 6 p.m.